

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 02-14-2014

Address: 5944 N 820 E

Incident #: 14ISPC001203

Attica, IN 47918

County: 23-Fountain

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☒ Outbuilding ☐ Open – No Structure
☒ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ One Pot or Birch Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Flammable Solvents: Barn
☒ Water Reactive Metal (Lithium): Barn
☒ Anhydrous Ammonia: Vehicle
☒ Corrosive Acid: Sulfuric-Vehicle, Muriatic- Barn and Vehicle
☐ Corrosive Base: _____
☐ Other (item and location): _____

Vehicle Information:

Owner: Kayla Leeann McGill
VIN: 4T1GK12C3RU047272
Year: 1994

Make: Toyota
Model: camry

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside
or visit often

Living conditions of home: ☐ clean ☐ disarray
☐ unclean

Estimated length of time manufacturing had been
occurring: 4-6 months
Additional Information: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department City, Township or County Attica Fire Fax: 765-762-6520
Health Department County: Fountsain/warren Fax: 765-793-0835
Department of Child Services Hotline: dcshotlinereports@dc.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: N. Hampton Phone 765-567-2125

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.